

Name In Full

Certificate of Death

*Laura C Culm*  
 Town County

Died at *from American Comm* *Carolinee* MARYLAND

Month Day Y. M. D. Native of Occupation

Date *1908* *July 13* Age *6* *Md.*

Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

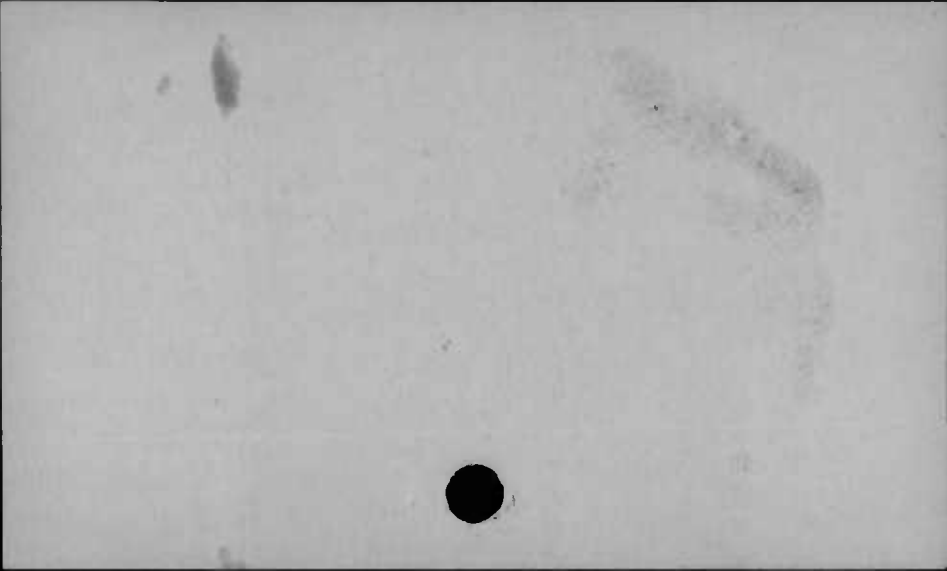
Cause of Primary *Manacurus* *179* How long sick *2 weeks*

Death Immediate *Accident, Suicide, Homicide*

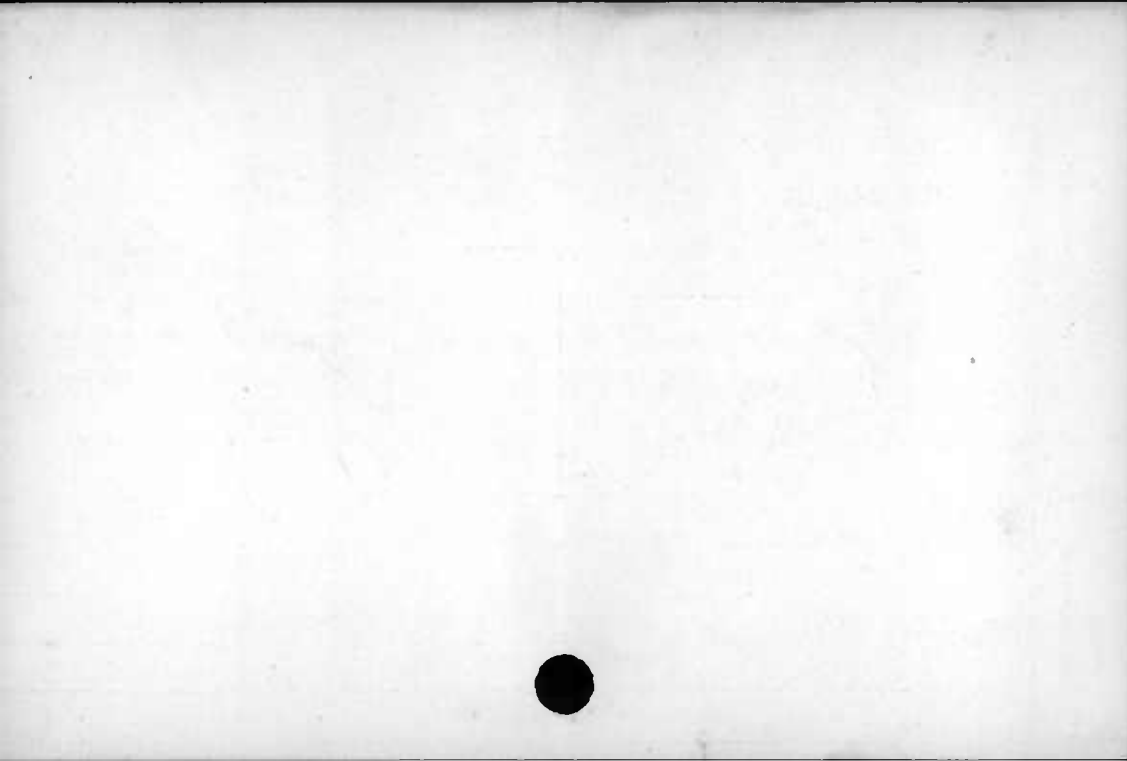
Reported by *J L Hobbs M.D.*

Address *Preston Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Clarise Davis</b>		TOWN <b>Federalburg</b>		COUNTY <b>Caroline</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>July</b>		Day <b>22</b>		Years <b>1</b>		Months <b>8</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Federalburg</b>			
Occupation <b>Child</b>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>William H Davis</b>		Father's Birthplace <b>Caroline Co</b>					
Mother's Maiden Name <b>Ollie Ford</b>		Mother's Birthplace <b>Caroline Co</b>					
Name of person giving information <b>Leon Dill</b>		How related to deceased <b>105</b>					
		CAUSES OF DEATH					
Primary <b>Acute Milk Infection</b>		How long <b>4 days</b>					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>F. J. Brooks</b>					
		Address <b>Federalburg Md.</b>					
Accident or Suicide?							



Name  
in  
Full

Eva Hines

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

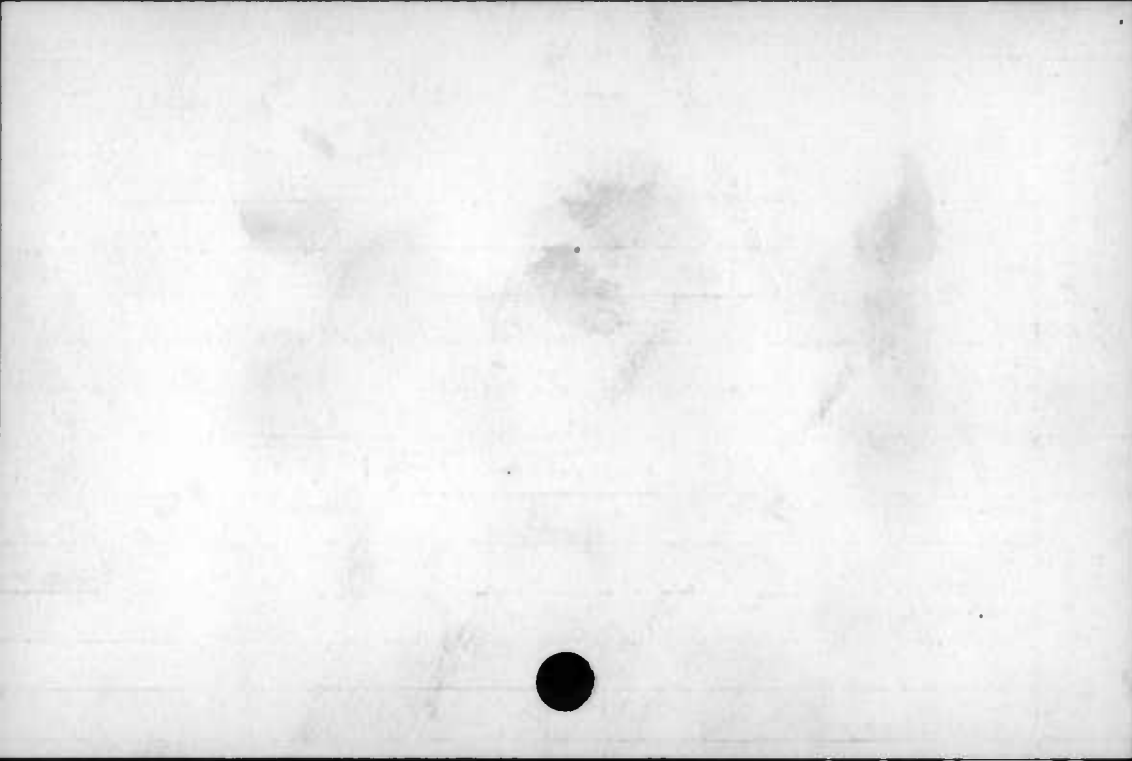
Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	July	Day	4	Age	70
Sex	<i>Female</i>		Color or Race	<i>Negro -</i>		Birth-place	<i>Ida -</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>Hines -</i>				
Father's Name	<i>Don't know</i>					Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name	<i>Don't know</i>					Mother's Birthplace	<i>Don't know</i>
Name of person giving information	<i>Marion Thomas</i>					How related to deceased	<i>Son in law</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senility -</i>	How long	<i>24 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. J. Stone M.D.</i>
		Address	<i>Ridgely</i>
			<i>2nd</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harriette Hopkins</i>		Town <i>American Corner</i>		County <i>Caroline</i>		State <b>MARYLAND</b>	
Died at <i>American Corner</i>		Month <i>July</i>		Day <i>26</i>		Years <i>43</i>	
Date of death <i>1908</i>		Age <i>43</i>		Months <i>5</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Caroline Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert Hopkins</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>F. J. Brooks M.D.</i>		How related to deceased <i>42</i>					


## CAUSES OF DEATH

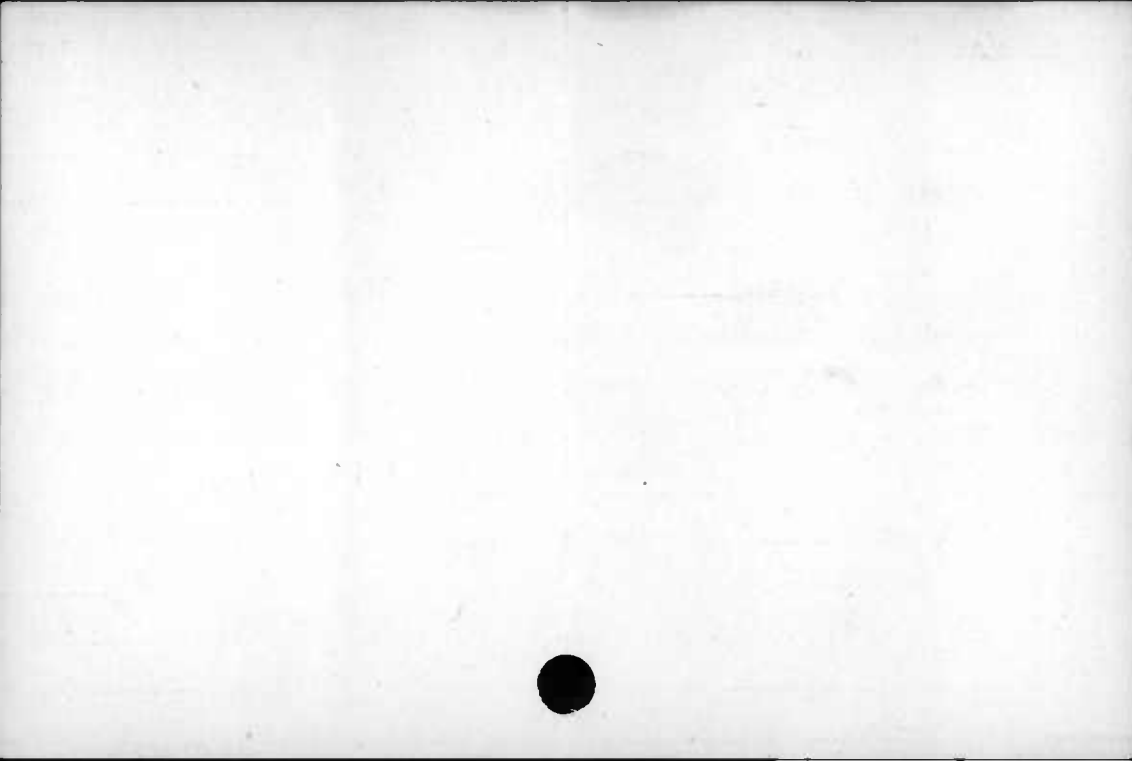
Primary	<i>Carcinoma Uterine</i>	How long <i>6 months</i>
Immediate	<i>Heart Failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>F. J. Brooks</i>
Address <i>Federalsburg Md.</i>		
Accident or Suicide <i>No</i>		

PHYSICIAN  
OR CORONER





Name in Full		Sarah Howard				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Harmony</i> Town		County <i>Caroline</i>		MARYLAND		
		Date of death	<i>1908</i>	Month <i>July</i>	Day <i>18</i>	Age <i>80</i> Years	Months	Days
		Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>England</i>			
		Occupation <i>none</i>		Where Residing if not at place of death				
		Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Howard</i>					
PHYSICIAN OR CORONER		Father's Name <i>James Burr</i>				Father's Birthplace <i>England</i>		
		Mother's Maiden Name <i>Sarah Hyde</i>				Mother's Birthplace <i>England</i>		
		Name of person giving information <i>John Howard</i>				How related to deceased <i>son</i>		
		CAUSES OF DEATH						<b>120</b>
PHYSICIAN OR CORONER		Primary <i>Chronic Brights</i> ✓				How long <i>several years</i>		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>				
		Address <i>Federalburg Md</i>						
Accident or Suicide?								



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

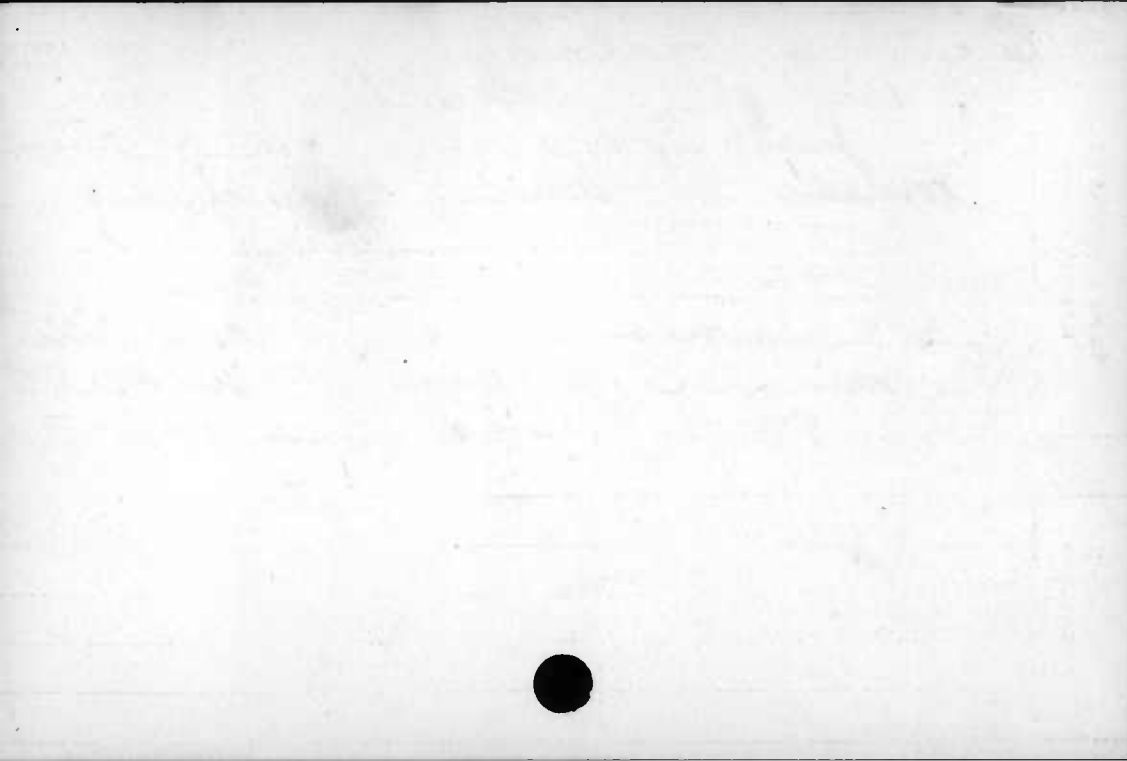
MARYLAND

Died at <i>Ridgely</i> Town		<i>Caroline</i> County			
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>13</i>
		Years	<i>—</i>	Months	<i>7</i>
		Age	<i>—</i>	Days	<i>21</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ridgely Md.</i>
Occupation	<i>—</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband			
Father's Name	<i>H. Hugh Hudson</i>			Father's Birthplace	<i>Caroline Co.</i>
Mother's Maiden Name	<i>Mary Ethel Melvin</i>			Mother's Birthplace	<i>Caroline Co.</i>
Name of person giving information	<i>H. Hugh Hudson</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

105

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. C. Madara</i>	
		Address	
		<i>Ridgely Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Otis Charles Jones</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Ridgely</i>		<i>8 July</i>		<i>three</i>		<i>two</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ridgely</i>		Days <i>seven</i>	
Occupation		Where Residing if not at place of death		<i>Ridgely</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband		<i>X</i>			
Father's Name <i>Wm. T. Jones</i>		Father's Birthplace <i>Centreville</i>		Mother's Maiden Name <i>Minnie E. Jones</i>		Mother's Birthplace <i>Talbot Co. Md.</i>	
Name of person giving information <i>Wm. T. Jones</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum + meningitis</i>	How long	<i>Abt. 5 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. W. Rickard</i>	
<i>Yes</i>		Address <i>Ridgely Md.</i>	
Accident or Suicide?			

Burried at Ridge July  
July 6-

Name  
in  
Full

Aminia Klemmowachter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>No. Preston</i>		Town <i>Coraline</i>		County <i>MARYLAND</i>	
Date of death	1908	Month	July	Day	30
Age	14	Years	3	Months	9
Sex	Female	Color or Race	German	Birth-place	Id
Occupation	Schoolgirl	Where Residing if not at place of death	No. Preston		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Hugo Klemmowachter	Father's Birthplace	Germany		
Mother's Maiden Name	Mary Ruck	Mother's Birthplace	Germany		
Name of person giving information	Mary Klemmowachter	How related to deceased	Mother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever. Pneumonia.</i>	How long	<i>3 wks - 3 days</i>
Immediate	<i>Cerebratory Febrile</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Hayward Dawne</i>		
	Address <i>Preston</i>		
Accident or Suicide?	<input checked="" type="checkbox"/>		





Name  
in  
Full

Kattie Louisa Lagree

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

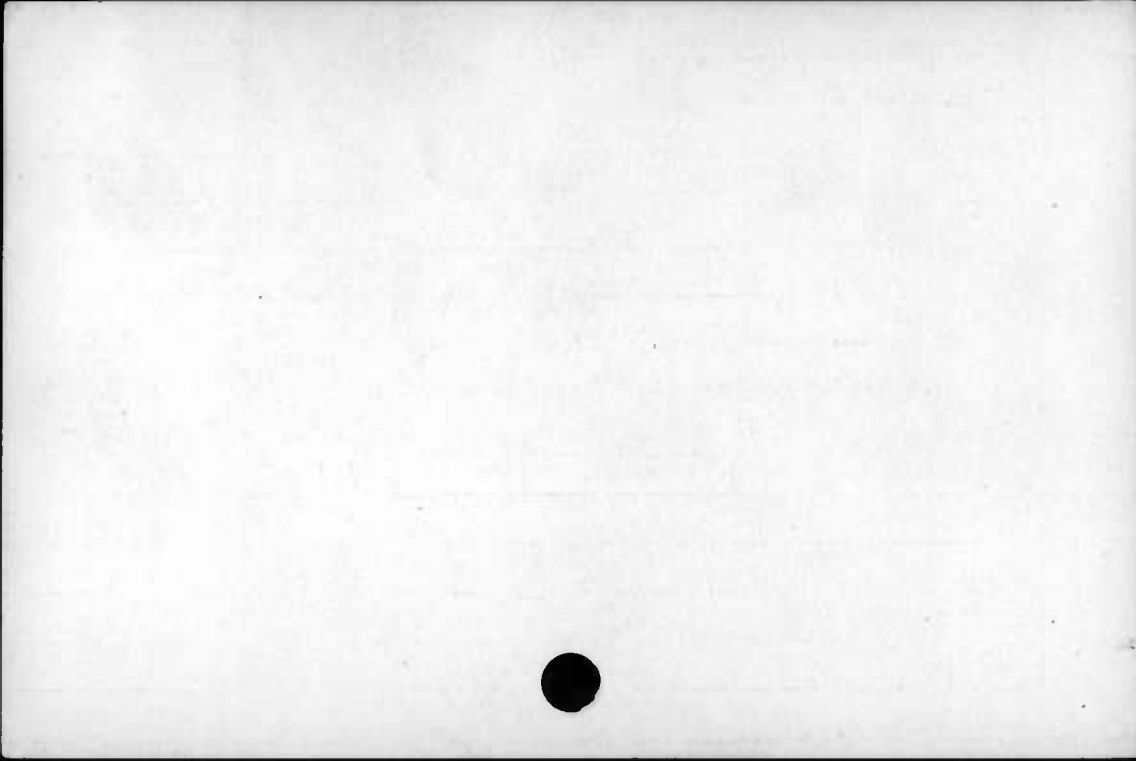
Died at		Town Denton		County Caroline		MARYLAND	
Date of death	1908	Month 7	Day 7	Age 18	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Denton
Occupation	Servant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert Lagree					Father's Birthplace	Ga.
Mother's Maiden Name	Louisa Hammond					Mother's Birthplace	Ind.
Name of person giving information	Robert Lagree					How related to deceased	Father

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Dont Know	How long	Dont Know
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. W. Simmond
		Address	Denton Ind.
Accident or Suicide?		This case was at office once	



Name in Full		Myrtle Pauline Murphy				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Petersboro		County		Maryland							
	Date of death	1908	Month	July	Day	21	Age	Years	1	Months	3	Days	
	Sex	Female		Color or Race		White		Birth-place		Petersboro			
	Occupation				Where Residing if not at place of death								
	Married, Single or Widowed				Name of Wife or Husband								
	Father's Name				John F. Murphy				Father's Birthplace				Maryland
Mother's Maiden Name				Iva Clark				Mother's Birthplace				Maryland	
Name of person giving information				John F. Murphy				How related to deceased				Father	
CAUSES OF DEATH												28	
PHYSICIAN OR CORONER	Primary	Tubercular Meningitis						How long		Two weeks			
	Immediate	"						How long		weeks			
	Are the name, age, sex, color, date and place correctly given above?						yes		Signature of Physician		W. W. Goldsborough M.D.		
									Address		Petersboro, Md.		
Accident or Suicide?													



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at <u>Seaton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>7</u>	Day	<u>14</u>
Age	<u>32</u>	Years		Months	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>Housewife</u>	Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Walter Houghly Powell</u>			
Father's Name	<u>A. B. Paine</u>			Father's Birthplace	<u>Not known</u>
Mother's Maiden Name	<u>Hannah Paine</u>			Mother's Birthplace	<u>Not known</u>
Name of person giving information	<u>Walter Houghly Powell</u>			How related to deceased	<u>Husband</u>

## CAUSES OF DEATH

Primary	<u>Typhoid Fever</u>	How long	<u>2 weeks</u>
Immediate	<u>Intestinal Hemorrhage</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>P. R. Driskin</u>	
		Address	
		<u>Seaton</u>	
Accident or Suicide?			
<u>No</u>		<u>no</u>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Della Margaret Pritchett

## CERTIFICATE OF DEATH

Died at

Ridgely

Town

Caroline

County

MARYLAND

Date

1908 July

Month

Day

13

Age

Years

Months

1

Days

6

Sex

Female

Color or  
Race

Negre

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Harry Mack Pritchett

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary Augusta Thomas

Mother's  
Birthplace

Md.

Name of person giving  
Information

H. M. Pritchett

How related  
to deceased

Father

## CAUSES OF DEATH

151

Primary

Inanition

How long

5 weeks

Immediate

Exhaustion

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

D. S. Stoner  
Ridgely  
Md.

Accident or Suicide?

No

Lord  
Jumblaw



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

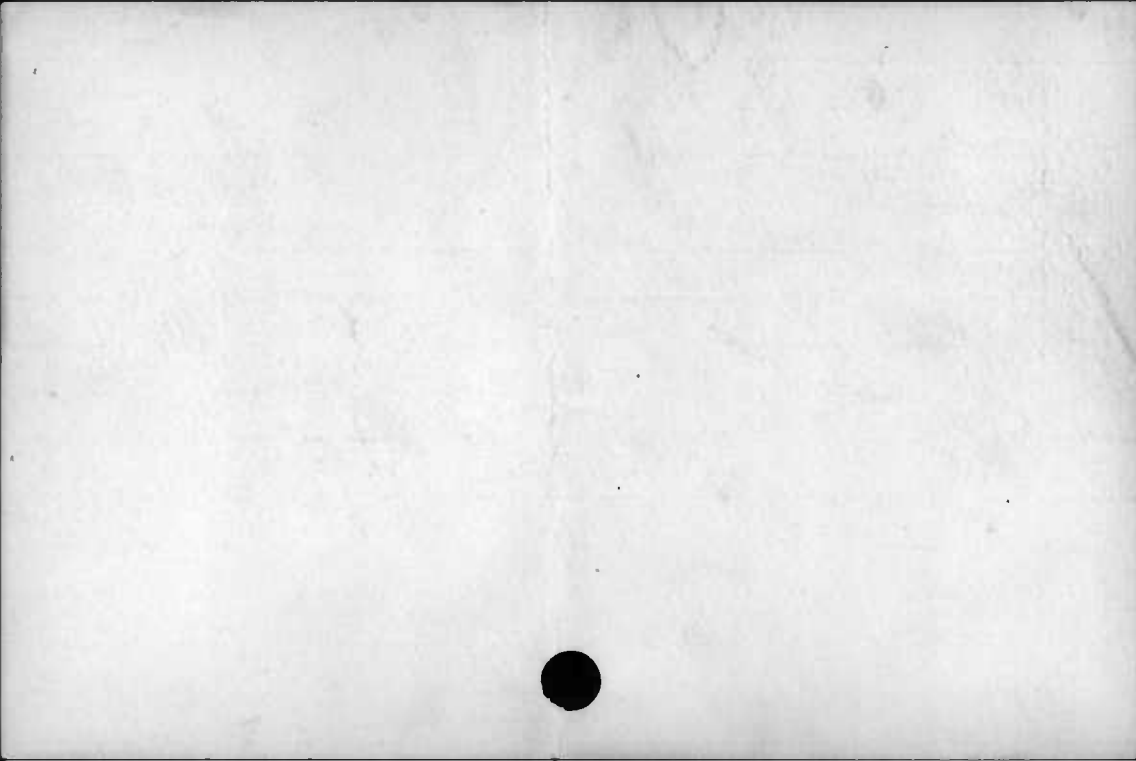
Name <i>Mildred Pritchett</i>		Town <i>New Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>7</i>	Day <i>30</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>	Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth place <i>New Hillsboro</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed		Name of Wife or Husband _____					
Father's Name <i>Samuel Pritchett</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Mary Young</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Samuel Pritchett</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(13)

PHYSICIAN  
OR CORONER

Primary <i>Cholera morbus</i>	How long <i>Two days</i>
Immediate <i>meningitis</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Hockett M.D.</i>
Accident or Suicide? <i>No</i>	Address <i>Lucy Annie Ind.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Denton

Town

County

Caroline

Date

of death 1908

Month

7

Day

26

Age

Years

17

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

None

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

George S. Roe

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sadie Patterson

Mother's  
Birthplace

Penn.

Name of person giving  
Information

George S. Roe

How related  
to deceased

Father

## CAUSES OF DEATH

1

Primary

Typhoid Fever

How long

4 weeks

Immediate

None

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

P. R. Fickler

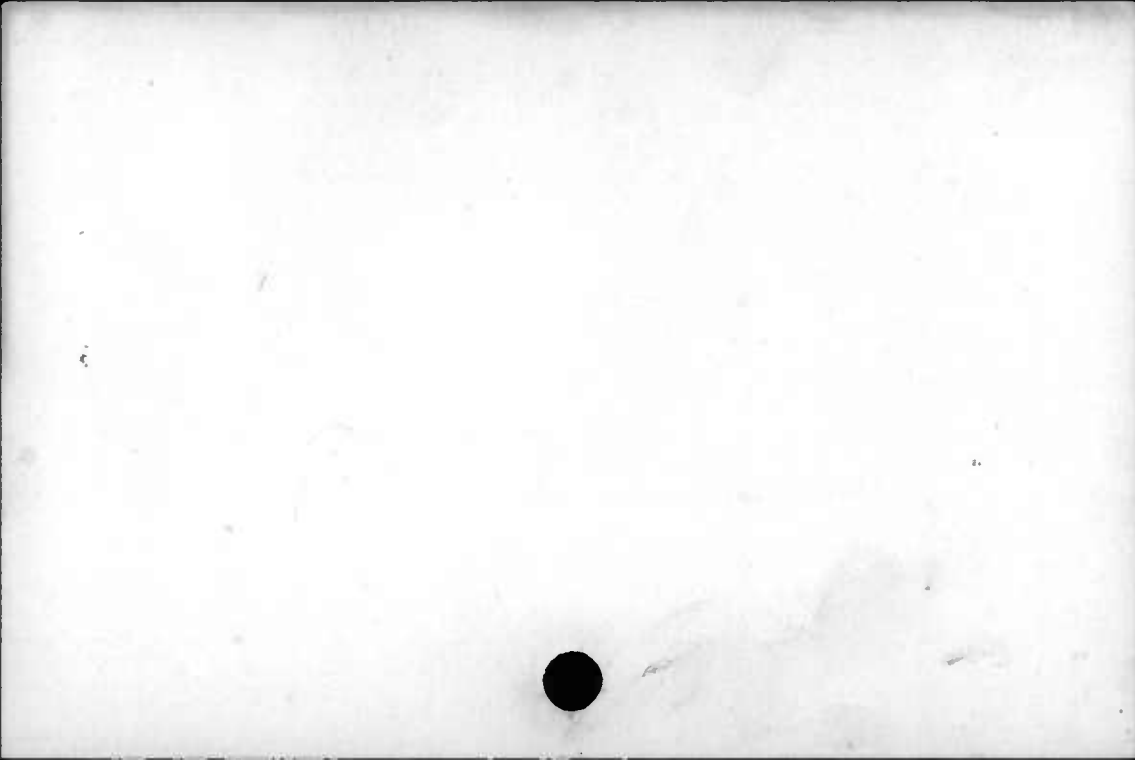
Address

Denton

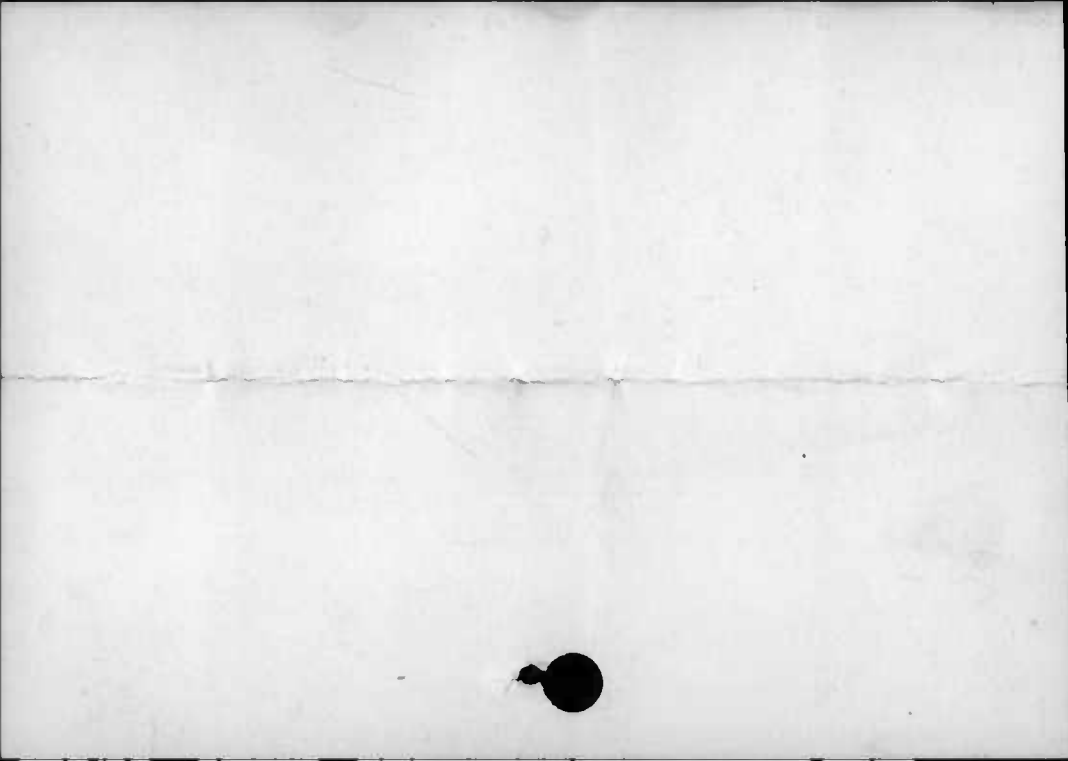
Accident or Suicide?

None

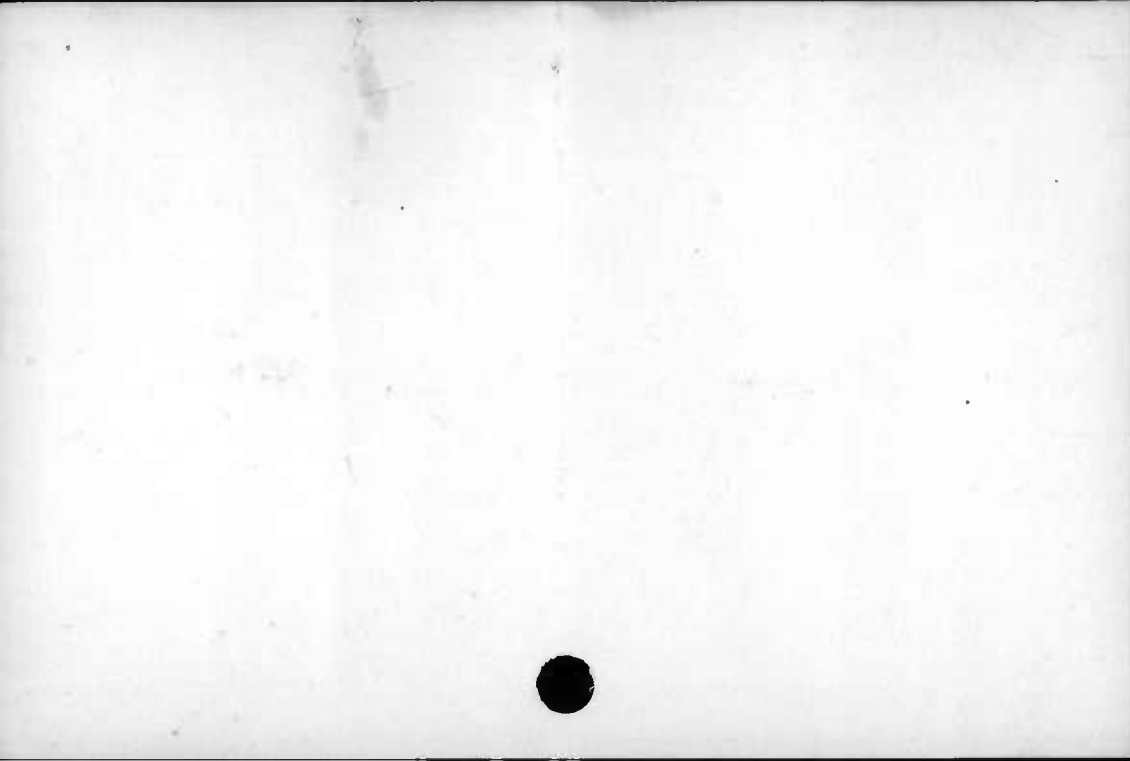
Md



Thomas A Poe						CERTIFICATE OF DEATH	
Died at <i>near Goldsboro</i>			Town <i>Caroline</i>			County <i>Caroline</i>	
Date of death <i>1908</i>		Month <i>7</i>	Day <i>8</i>	Age <i>28</i>	Years <i>28</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			MARYLAND
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha A. Faulkner</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Name of person giving information <i>W. Longu. Poe</i>		How related to deceased <i>son</i>			
<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px;">154</div> </div>							
Primary		<i>Senile Debility</i>			How long <i>—</i>		
Immediate		<i>&amp; Houston</i>			How long <i>6 weeks</i>		
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>J. Wilson</i>			
				Address <i>Goldsboro</i>			
Accident or Suicide?		<i>ind</i>					



Name in Full		Gladys Sutherland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federicksburg		Town		County	
	Date of death	1908	7	26	Age	-	Months
	Sex	Female		Color or Race	white		Birth-place
	Occupation	- (Infant)		Where Residing if not at place of death		As above	
	Married, Single or Widowed	Single		Name of Wife or Husband		-	
	Father's Name	Wm Sutherland		Father's Birthplace		Chubnut Grove Md.	
PHYSICIAN OR CORONER	Mother's Maiden Name	Guss White		Mother's Birthplace		Federicksburg Md.	
	Name of person giving information	G. F. Galloway		How related to deceased		Physician	
	CAUSES OF DEATH				105		
	Primary	Cholera Infantum				How long	
Immediate	Exhaustion				How long		
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Geo. F. Galloway	
Accident or Suicide?		-		Address		Federicksburg Md.	





Name in full *Lucilia Sisk*

CERTIFICATE OF DEATH

TO BE ANSWERED, BY  
NEAREST FRIEND

Died at *Prattville* Town *Con*  
 Date of death *1908* Month *7* Day *7* Age *8* Months *6* Days *18*  
 Sex *Female* Color or Race *White* Marital Status *Ms*  
 Occupation *Housewife* Where Residing if not at place of death *Prattville Ms*  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Wm Sisk*  
 Father's Name *Thos J. Dean* Father's Birthplace *Ms*  
 Mother's Maiden Name *Kathryn Hubber* Mother's Birthplace *Ms*  
 Name of person giving information

CAUSES OF DEATH

*66*

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *3 1/2 years*  
 Immediate *Paralysis 2nd stroke* How long *6 hours*  
 Are the name, age, sex, color, date and place correctly given above?  
 Signature of Physician *Dr. James Dawson*  
 Address *Prattville - Ms.*  
 Accident or Suicide?

1 paper needles - 3570

slice heart

or 1/2 paper & buf

1 doz buttons size

couple

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

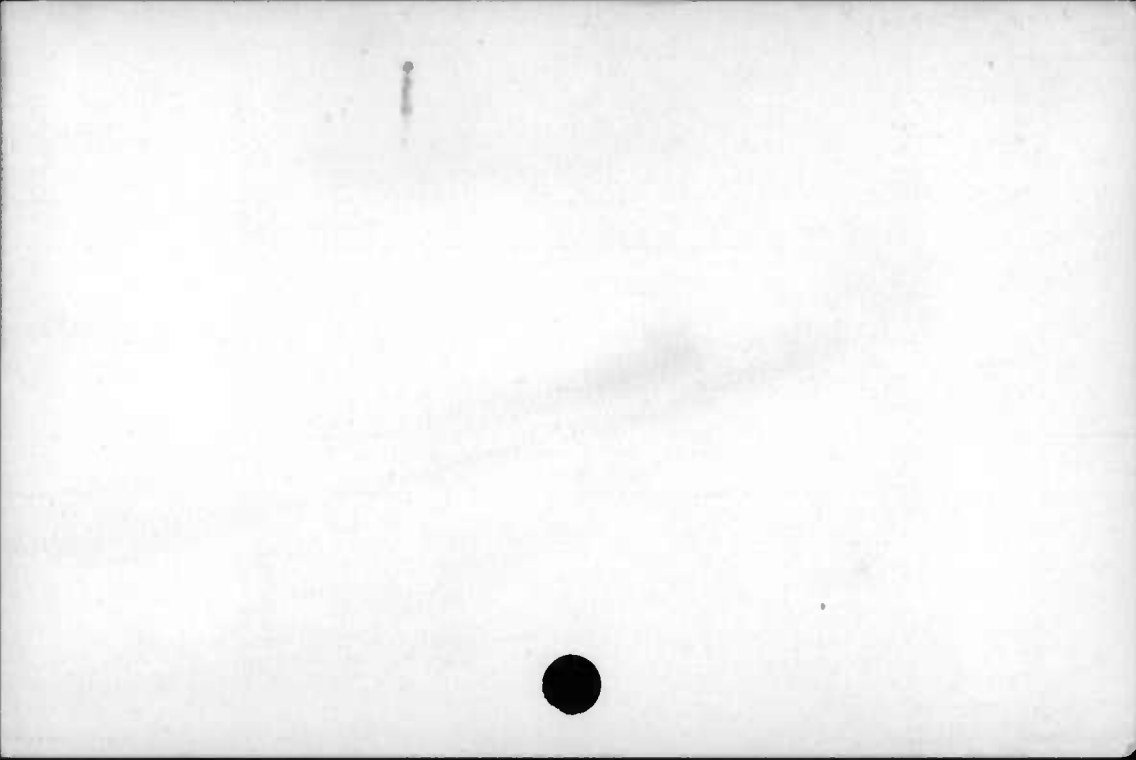
Died at <i>Carroll's Point</i>		County <i>Caroline</i>	
Date of death	1908	Month <i>July</i>	Day <i>22</i>
Age	<i>38</i>	Years	<i>38</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>
Occupation	<i>Housewife</i>	Birth-place	<i>Caroline Co.</i>
Where Residing if not at place of death	<i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mrs. Smith</i>
Father's Name	<i>Mal. Wheeler</i>	Father's Birthplace	<i>Caroline Co.</i>
Mother's Maiden Name	<i>Belle Satterfield</i>	Mother's Birthplace	<i>Caroline Co.</i>
Name of person giving information	<i>Mrs. Smith</i>	How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>3 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. W. B. Ford M.D.</i>
		Address	<i>Hillsboro, Md.</i>
Accident or Suicide?	<i>No.</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>T. Roy Smith</i>		Town <i>Ridgely</i>		County <i>Barshire</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>July</i>		Day <i>21</i>		Years <i>17</i>	
Date of death <i>1908</i>		Age <i>17</i>		Months <i>6</i>		Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Carriage painter</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>David S. Smith</i>		Father's Birthplace <i>Del.</i>					
Mother's Maiden Name <i>Sarah E. Connor</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving information <i>David E. Smith</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart &amp; Lung disease</i>	How long <i>6 months</i>
Immediate <i>Heart failure</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Richards</i>
<i>They are</i>	Address <i>Ridgely, Ind.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Elizabeth A. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>M. Gore</i> Town		County <i>Coral Gables</i>		MARYLAND	
Date of death	1908	Month	July	Day	11
Age	81	Years	81	Months	9
Sex	Female	Color or Race	White	Birth-place	Mo
Occupation	Housewife		Where Residing if not at place of death <i>M. Gore</i>		
Married, Single or Widowed	Widow	Name of Wife or Husband <i>Bern A Taylor</i>			
Father's Name	<i>Andrew Carey</i>			Father's Birthplace	Mo
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	Mo
Name of person giving information	<i>Wallace Taylor</i>			How related to deceased	Son

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 1/2 Months</i>
Immediate	<i>- Pordy</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond Hawkes</i>		
	Address <i>Pres. Fam.</i>		
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mr. Buckthorn* Town *Coraline* CountyDate of death 190 *8* Month *July* Day *6* Age *87* Years Months *9* Days *1*Sex *male* Color or Race *Dutch* Birth-place *Netherlands*Occupation *Laborer* Where Residing if not at place of death *Mr. Buckthorn*Married, Single or Widowed *Married* Name of Wife or Husband *Janter Jan Neume*Father's Name *Deek Brock* Father's Birthplace *unknown*Mother's Maiden Name *Gutmann* Mother's Birthplace *unknown*Name of person giving information *Mrs. Dudge* How related to deceased *wife*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONERPrimary *Chronic Bright's Disease* How long *?*  
Immediate *Uremic Poisoning* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

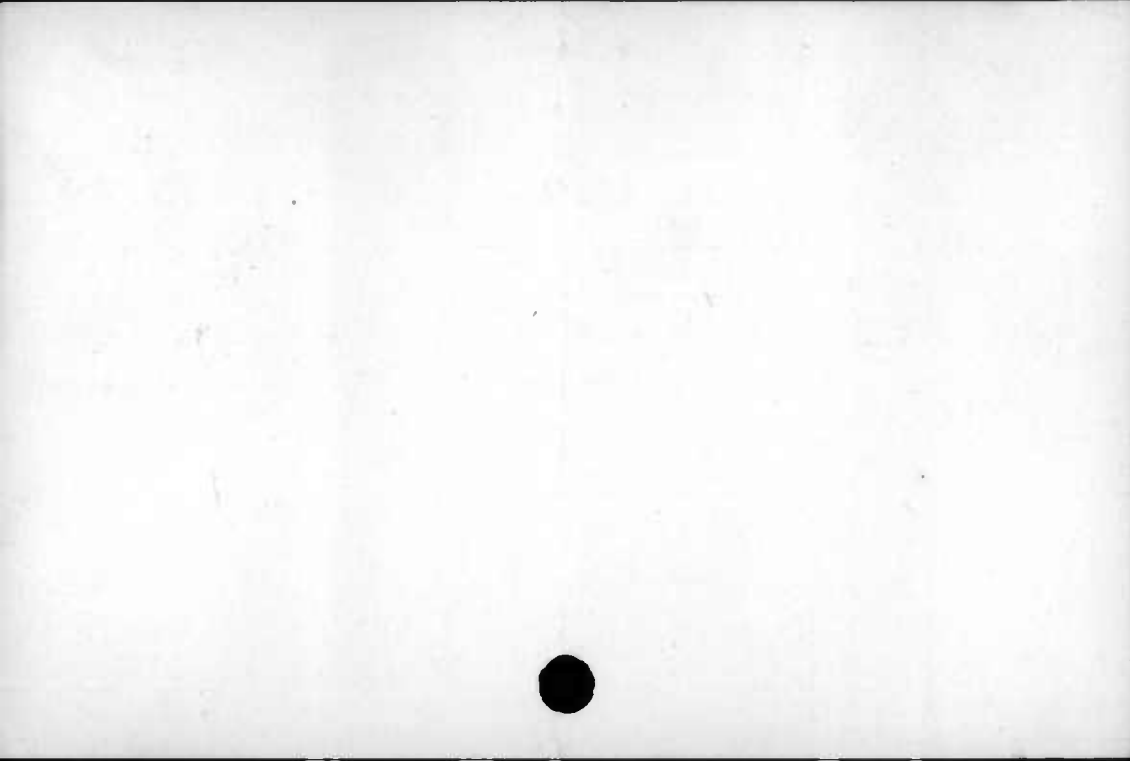
Name in Full <b>Edward Wagner</b>		Town <b>Federalsburg</b>		County <b>Caroline</b>		MAYLAND	
Died at		Date of death		Age		Months Days	
1908		July 29		77			
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Pa</b>			
Occupation <b>farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>widower</b>		Name of Wife or Husband <b>Elizabeth Cole</b>					
Father's Name <b>Joseph Wagner</b>		Father's Birthplace <b>Pa</b>					
Mother's Maiden Name <b>unknown</b>		Mother's Birthplace <b>Pa</b>					
Name of person giving information <b>Frank Wagner</b>		How related to deceased <b>son</b>					

## CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary	<b>Bowel Cancer</b>	How long <b>3 years</b>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>R. Kemp Jefferson</b>
		Address <b>Federalsburg Md</b>
Accident or Suicide?		



Name  
in  
Full

Abram Waters.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

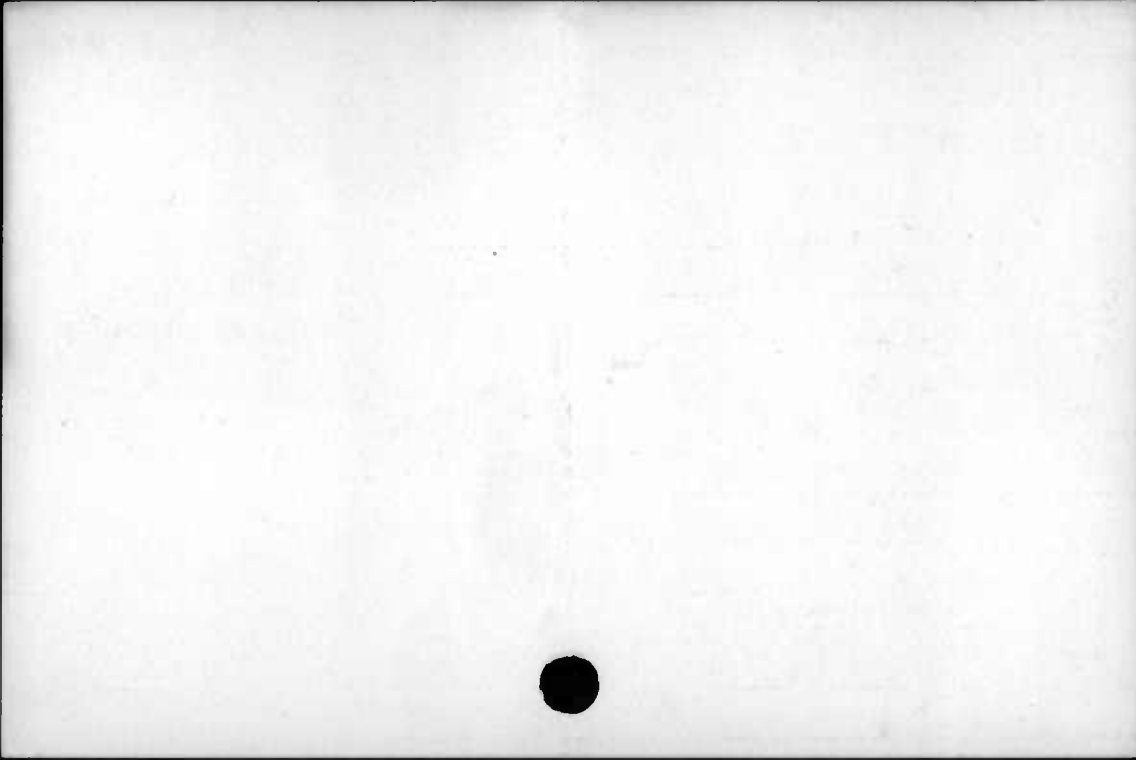
Died at		Town Falmouth		County Cecil		MARYLAND	
Date of death		Month 8	Day 7	Age 70.	Months -	Days -	
Sex	male	Color or Race	White	Birth-place	Pa.		
Occupation	Farmer.			Where Residing if not at place of death	Falmouth, Md		
Married, Single or Widowed	Married		Name of Wife or Husband	-			
Father's Name	Abraham White			Father's Birthplace	Unknown.		
Mother's Maiden Name	Unknown.			Mother's Birthplace	Unknown.		
Name of person giving information	Jas. F. Galloway			How related to deceased	brother		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Reflexia.	How long	four yrs.
Immediate	Stroke of apoplexy	How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Jas. F. Galloway		
Address	Falmouth, Md.		
Accident or Suicide?	-		



Mary E. Milner

## CERTIFICATE OF DEATH

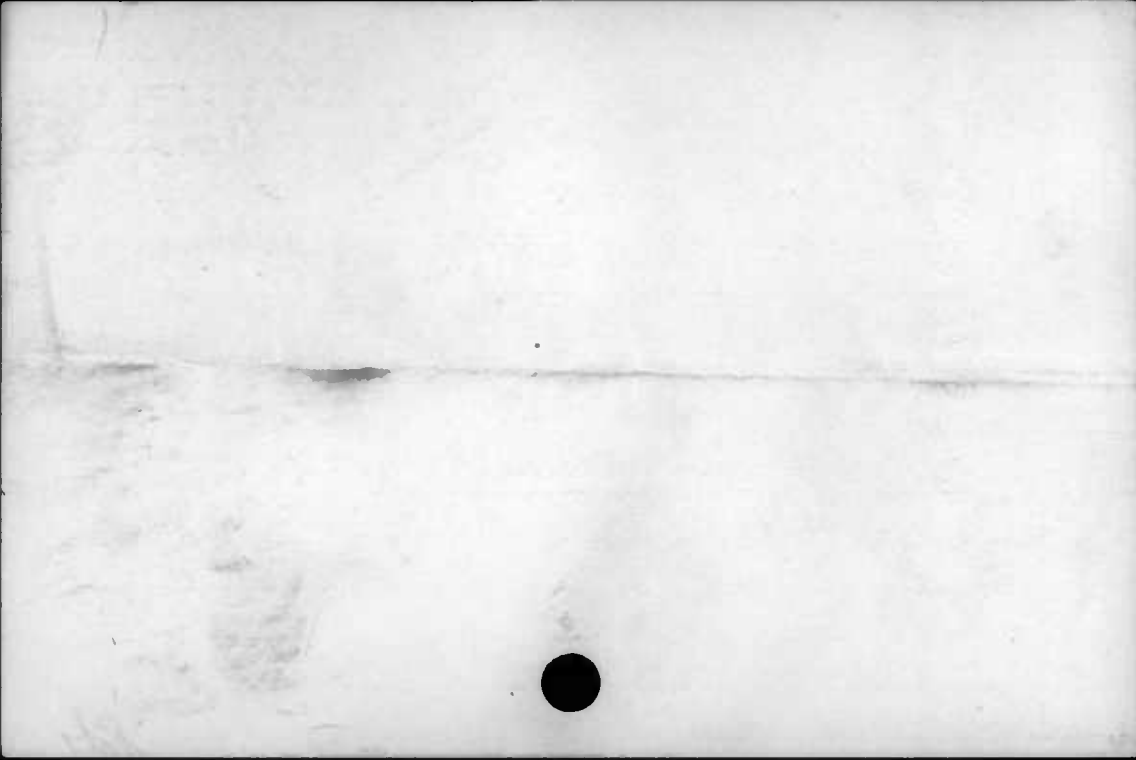
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hallstown* <sup>Town</sup>*Orline* <sup>County</sup>Date of death *1908* <sup>Month</sup> *7**20* <sup>Day</sup>Age *18* <sup>Years</sup>*—* <sup>Months</sup>*—* <sup>Days</sup>Sex *Female*Color or Race *Black*Birth-place *Orline Co.*Occupation *Housewife*Where Residing if not  
at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *Chas M. Milner*Father's Name *William Curry*Father's Birthplace *Carroll Co.*Mother's Maiden Name *Lucie Curry*Mother's Birthplace *Orline Co.*Name of person giving Information *Chas M. Milner*How related to deceased *Brother*

## CAUSES OF DEATH

**27**Primary *Tuberculosis of Lungs*How long *6 months*Immediate *Exhaustion*How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. H. Nichols*Address *Denton Md.*Accident or Suicide? *—*PHYSICIAN  
OR CORONER





Name  
in  
Full

Charles Edwin Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>17</i>	Age	Years	Months	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>			Birth-place <i>Ida</i>			
Occupation <i>none</i>				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name <i>Robert Wilson</i>				Father's Birthplace <i>Ida</i>			
Mother's Maiden Name <i>Mabel Pritchett</i>				Mother's Birthplace <i>Ida</i>			
Name of person giving Information <i>Robt. Wilson</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Exhaustion</i>	How long	<i>today</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician <i>J. S. Stone</i>		Address <i>Ridgely Md.</i>	
Accident or Suicide?			

Pietzell  
Boonshor

Name in Full

Certificate of Death

Webster Wright -

Died at <sup>Town</sup> Fordsboro<sup>County</sup> Calver

MARYLAND

Date 1908 <sup>Month</sup> July <sup>Day</sup> 8

Y. M. D. 5 -

Native of Maryland

Occupation

Male

Age

5

Maryland

~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name Wm J. Wright -

Mother's Maiden Name

Mary C. Albert

Cause of Primary Ileocecalitis

105

How long sick 3 wks

Death Immediate Calver

Accident, Suicide, Homicide

Reported by W. W. Fordsboro, M.D.

Address Greensboro

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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